

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MR. J. FRANK MERMOUD**

Mailing Address 5220 PARTRIDGE LANE NORTH WEST

City	State	Zip Code
WASHINGTON	DC	20016-5338

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**ORPHEUS INTERNATIONAL**

Occupation  
**INTERNATIONAL ADVISORY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.109883**

Date of Receipt

**06 / 17 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

**B. Full Name (Last, First, Middle Initial)**

**DR. CRAIG MEROLA M.D.**

Mailing Address 1 SPRINGWOOD PATH

City	State	Zip Code
SYOSSET	NY	11791-1304

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**CRAIG MEROLA MDPC**

Occupation  
**PHYSICIAN**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

**Transaction ID : SA17.121777**

Date of Receipt

**06 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

500.00

**C. Full Name (Last, First, Middle Initial)**

**A. P. MERRITT JR.**

Mailing Address 118 NORTH KILGORE STREET

City	State	Zip Code
KILGORE	TX	75662-5822

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**MERRITT PROPERTIES LLC**

Occupation  
**PRESIDENT**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.123366**

Date of Receipt

**06 / 30 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

**Subtotal Of Receipts This Page (optional)**.....

4200.00

**Total This Period (last page this line number only)**.....